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ORIGINAL DEPARTMENT.

Communications.

ANATOMY  
IN ITS RELATIONS TO  
MEDICINE AND SURGERY.

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No. 22.

EXTRA-ORBITAL REGION —(continued.)—

The cilia serve among other purposes to regulate in some degree the amount of light entering the eye, and to catch small foreign matters which would prove a source of irritation to the organ. I have frequently noticed in cases where they have been destroyed that the palpebral fissure becomes greatly diminished, exposing only a comparatively small portion of the ball of the eye. The *blear eye* is a term used to express this condition. In scrofulous constitutions the cilia attains great length. This is occasioned by an increased vascularity of the hair follicles which is found to accompany this habit, and it is the effect of disease. Yet its influence is valuable as a means of shelter to the eye, under circumstances in which it is peculiarly sensitive to light. If the edge of the lid is turned in, the eye-lashes occupying its middle will first come in contact with the eye. Therefore, these are the ones most annoying in entropion.

When the surgeon desires to inspect the inner surface of the palpebrae it may be desirable to turn them inside out. Here the cilia furnish a good hold of the lid which should be

taken between the thumb and fingers, and at the same time pressure being made upon its cutaneous surface with a probe or some similar instrument, the cartilage will be everted and maintained in that position by the orbicular muscle. Where the skin blends with the mucous membrane, (the cutaneo mucous line) on the free edge of the lid, the connexion to the subjacent cartilage is most firm: It enables us to control the lid without pressing on it, and it explains many morbid phenomena. Thus in operations on the eye the palpebral integument, by being gathered up by alternate movements of the fingers against the margins of the orbit will lift the lids very perfectly from the eye. Their power to compress the eye ball is very great, and which is worth remembering in the removal of cataract by excision, otherwise the contents of the ball may be emptied. Again effusions into the sub-cutaneous or sub-muscular tissue cannot extend beyond this cutaneo-mucous line, but may collect in such quantity as to turn in a fold of the skin so as to completely conceal the eye. The swelling accompanying erysipelas of the lids furnishes a beautiful example of this condition. This connexion enables the surgeon by excising an oval piece of the integument from the lid, and uniting their edges to evert its free edge and remove the lashes from the eye, and a moment's consideration will make it evident that the nearer he brings the incision to the cilia, the more perfectly will he accomplish his purpose. In certain varieties of ophthalmia the edges of the eye-lids, especially in the morning, are glued together by a thick adhesive line of purulent secretion. This indicates a morbid state of the meibomian glands, and running among the cilia the union

becomes quite firm. The composition of this secretion is such that a tepid mucilage made slightly alkaline will readily soften and dissolve this bond, a precaution which should always be observed before any attempts at separation are made: though it is quite possible for an ordinary conjunctivitis to implicate these glands by continuity of structure; yet unless there be some general constitutional vice this result is certainly not a common occurrence.

The meibomian glands may become converted into encysted tumors, just as other growths of this class take place by their excretory ducts becoming blocked up. If they are permitted to acquire any considerable size the cartilage becomes altered in form. When these glands have been long affected by disease the tarsal cartilages undergo an alteration of structure, which consists in shriveling and condensation of their fibrous elements. Another condition is also induced, that of undue redness of the free edge of the palpebrae, and which is apt to remain throughout life; especially does this color become marked when the parts are exposed to the stimulating influence of cold air, or a strong wind. The vessels in such cases will be found to be in a dilated condition, the consequence of previous disease. The conjunctiva lines the inner surface of the lids, and is reflected from their posterior surface upon the ball of the eye. At the free and attached margins of the cartilages it is closely connected; comparatively loose at the intermediate portions, the submucous bone being quite abundant. These anatomical facts will explain several conditions. In acute inflammations of the membrane, attended by the effusion of blood and lymph, the conjunctiva is lifted or stretched off from the palpebrae as far down as the free border, forming a loose red swelling designated as *chemosis*, and which may attain sufficient bulk to evert the lid forming an entropion. Cicatrices on the inner surface of the palpebrae, especially if transverse will from the same fact produce entropion. In all cases, therefore, in which tumors are to be removed from this surface, or scarifications made, with a view to unloading the blood ves-

sels, the incisions should be made vertical or parallel to the short axis of the lids. And so also can we understand why a long continued conjunctivitis should produce entropion by the plastic exudation lifting the membrane from the middle of the cartilage and thereby approximating the attached and free margins of the eyelid.

The palpebral conjunctiva will be occasionally found inflamed and studded over with prominences, forming the granular lid. These prominences are a hypertrophy of the natural papillae of the part of this membrane, and will account for the feeling of sand on the eye complained of by those so affected. The reason of foreign bodies adhering most frequently to the inner surface of the lids is probably due to the presence of these eminences. When it is remembered that the hypertrophy is due to lymph among the constituents of the papillae, the propriety of the strong cauterizations, usually employed, will be clear. The relation of the surface of the lid to the ball of the eye will enable us to employ pressure, which is so valuable an agent in the removal of plastic exudations elsewhere. The malignant growths of the eyelid such as schirrus or epithelioma, generally fix upon the lower lid. The fact that it is more under the influence of the lachrymal secretion than the upper may determine this choice. The influence of scars near the palpebrae to produce deviations of the lids, should make it a matter of the utmost moment in all wounds near these organs, whether on the face, temple, or brow, to secure intermediate union, even by freeing the integument by dissection, or other incisions, where there has been some considerable loss of substance, anything making tense the internal and external palpebral ligaments tends to turn the lids in upon the eye. Thus one of the operative measures for the relief of entropion consists in acting upon this fact, by excising a V shaped piece from the tarsal cartilage and uniting the edges.

Medical cannot be separated from moral science, without reciprocal and essential mutilation.—Reid.

**Epilepsy; its Pathology and Treatment.**

Translated from the German,

By T. A. DEMMÉ, M. D.

The medical literature of Europe has recently been enriched by a contribution from the pen of Schrödor van der Kolk, Professor of the University of Utrecht, upon the Anatomy and Physiology of the *medulla spinalis* and *oblongata*.

It has afforded us great pleasure to condense from the work the following observations upon the pathology and rational treatment of epilepsy:

1. From the conclusion arrived at by recent experiments, (Brown-segnard) that the *medulla oblongata* is the principal centre of bilateral reflex movements, the author infers that in this portion of the nervous system the immediate cause of epilepsy must be searched for.

2. In all cases of this affection there is hyperæsthesia and increased activity of the *medulla*, which, therefore, responds to every irritation in rapid reflex movements, (convulsions). This increased susceptibility becomes more marked when the controlling influence of the cerebrum is removed: hence the effect of etherization upon epileptic patients, and the consequent availability of this agent in diagnosing real and simulative epilepsy.

3. At the commencement of the affection there is only this hyperæsthesia of the *medulla oblongata*, without any organic change therein. When the disease has been of some duration there is organic change as manifested in dilation of the capillary vessels. The post-mortem examination of 17 cases of incurable epilepsy confirmed the above statement. Accordingly as the patients, during the attacks, bit the tongue or not, was this hyperæmia perceptible in the course of the *nervous hypoglossus* or in that of the *vagus*. Accurate measurement of the capillaries was made by means of the micrometer.

4. Upon the above premises the author bases his rational treatment.

In the first stages of the disease the indication is to apply cups to the neck, establish issues, etc. A practice extending through 35 years has shown the beneficial operation of

*digitalis*. At the same time any distant causes must be removed. Among these, worms, acidity, torpidity of the bowels, etc., are to be considered in children; in adults, irritations of the abdominal organs, constipation, onanie, amenorrhœa, chlorosis, etc.

5. With many epileptic patients there is extreme sensitiveness of the intestines: to allay this irritability of the sympathetic nerve no medicine is so eminently calculated as *belladonna*. It seems to act specifically upon the bowels. In cases complicated with costiveness, the *belladonna* is advantageously combined with cathartics. This is the indication which *belladonna*, before empirically prescribed in epilepsy, answers:

Chlorosis, plethora, etc., must be treated upon general principles.

The tartrate of antimony and potassa sometimes comes into play as an arterial sedative.

6. In regard to the nitrate of silver so often given as a specific, the author remarks, that if cases now and then are relieved by its use, (which he has however never witnessed,) it cannot be in consequence of any action upon the *medulla*, but the result of the local action of the nitrate possibly, removing irritability or chronic inflammation of the gastric or intestinal mucous membrane.

7. The oxide of zinc has proved remedial; no doubt by its soothing action upon an irritated mucous membrane: thus removing one of the causes provocative of the reflex movements, (convulsions.)

8. Lactate of zinc was given to 20 patients, (12 grains daily, the dose being rapidly increased.) 3 recovered, 11 improved, and 6 remained the same.

9. The valeriate of atropia was prescribed in 34 cases, (dose 1-120 of a grain daily—gradually increased until even one half grain was taken). Of the 34 cases, 1 recovered, 15 improved and 18 were unaffected.

This remedy seems particularly adapted to cases of the disease of long duration.

We regret that time and space deprive us of the pleasure of making any further extracts from this valuable work.

## Medical Societies.

### COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Condensed from Phonographic Reports for the Medical and  
Surgical Reporter.

#### DIPHTHERITE.

*Lectures on Diphtherite in the College of Physicians  
and Surgeons of New York.*—By PROF. ALONZO  
CLARK.

(We omit for this week the discussion of this subject in the Academy of Medicine; it was taken up at a late hour of the meeting, and no new facts were elicited. As this disease, however, from its prevalence in this city and various parts, is still attracting the attention of the profession to a great extent, we think that we can do no better than to give the substance of two lectures, delivered a few days ago, by Prof. Clark, on the disease, which, furnishing the views of that eminent pathologist in a connected and instructive form, will, undoubtedly, be as interesting to your readers, as the report of an extempore discussion.—GOTHAM.)

Having finished the consideration of croup, Dr. Clark took up diphtheria as follows:

We now pass to a kindred affection, which at present is exciting much discussion among the physicians of this city and elsewhere, I refer to diphtheria or diphtherite. Brettonneau gave to it the name "*diphtherite*," when his first memoir was published, many years ago, and by that name it has been known ever since. The older name seems to have been *malignant sore throat*, or *malignant angina*, or *membranous angina*; but the point most necessary for you to settle, is the one, which is much discussed now-a-days, viz: Is this a new affection, or has it existed from the time we have any history of medicine? It does not seem to me, from what I have seen of it, and from what I have read of the diseases of old times, to be a new disease. It seems to have been known for a very so long time. It is claimed by Brettonneau (who is the best authority we have on the subject) that it is the disease known to the Greeks as the Egyptian disease, and that it never appeared in Greece until brought there by a colony of Egyptians. This he infers mainly from the description of what he supposes to be the same disease by a cotemporary of Galen, a Roman physician, and he maintains that this physician has described the disease in one page; he also asserts that it has been recognized from time to time all the way down to our day; that it swept through Italy and Spain, producing very great mortality in the early portion of the seventeenth century, and from that time until now it has appeared occasionally as an epidemic. The researches of such a man as Bretton-

neau are certainly worthy of consideration. One statement he makes, which is sufficiently curious, that is, that the Egyptian ointment, a substance used by the Greeks for the relief of this affection, has been lost for a considerable period, and finally received in these latter times as one of the most effectual things to break up the membrane; it is made of one of the salts of copper, and he asserts that its preparation is to be found in the French codex, and other French books relating to pharmacy. We do not have it in our books. It is claimed also that the great epidemic which occurred in New York, and described by Dr. Samuel Bard, was this very affection. There are, I suppose, very few physicians, who have arrived at the middle period of life, who have not, at some time or other seen this disease. But it has not fixed their attention as a *distinct form of disease*, and has been included under the general head of croup; and I suppose it is even now confounded with this latter disease. It has been known in all probability by various names; croup is a peculiarly favored term and has covered a great many cases; malignant sore throat has covered a great many more. Another question arises, and that is, is it in any way allied to scarlet fever? Scarlet fever has a sore throat, a malignant sore throat, a membranous sore throat, which is frequently enough fatal by the formation of membrane, extending itself into the larynx and trachea. Is it not this form of scarlet fever? I had no occasion to ask that question after I had seen three or four cases of the disease. We know that persons, who have had this diphtheritic inflammation, will have scarlet fever afterwards; again, children who have had scarlet fever will have diphtheria. One then does not protect against the other. Again, if it were a form of scarlet fever, we should expect to find it prevailing side by side with scarlet fever. Such is not generally the case, although, it is true, we have at this time an unusually large number of deaths from scarlet fever, while we have at the same time more of this diphtheria than I have ever seen before. It is not prevailing as a very dangerous epidemic, still there are many cases. I see, perhaps, a new case every week. Another interesting question arises. How is it communicated? Is it contagious? There is no question more difficult to answer than that, especially in regard to an epidemic disease, until it has been observed under a great variety of circumstances. That this diphtheria, or malignant sore throat is epidemic in its tendency, I think there can be no doubt; whether it is contagious or not is somewhat difficult to determine, because, where, in a certain house or family, one child shall be affected with the disease, and then a second, and then, a few days afterwards, a third, the difficulty is, that they are all subject to the same hygienic and dietetic regulations and conditions;



they are all exposed to the same influences, which affect them all in the same manner. This is one illustration of the difficulty we meet with in attempting to ascertain whether an epidemic disease is contagious or not. In cities it is not very easy to follow contagion. In the paper of the *Sydenham Society* there is strong evidence that this disease can be communicated from person to person, and this evidence is derived from cases which have been observed in the country; for it does not seem to be spread by atmospheric influences. Brettonneau goes so far as to say that it can be communicated in no other way, than from person to person, being in this respect similar to syphilis; and in the formation of a new nosology, this disease will have to stand side by side with the Egyptian disease, syphilis, the Neapolitan disease, etc. In this connection he relates some cases that are certainly very curious. This diphtheritic tendency is exhibited in other parts of the body than that of the throat. He relates one case in which a child, running about with bare feet, trod in the expectoration of a child, sick with the disease, and asserts that the foot became the seat of diphtheritic inflammation, and he goes on to cite numerous instances to prove that the application of the expectorated material to an abraded surface will produce the disease, in other words, that the disease is susceptible of inoculation. This statement, however, is not to be taken in all its length and breadth, even though Brettonneau, himself, has made it.

Now, with reference to the *nature* of the disease. It consists in an inflammation, the characteristic of which is the production of a thick, leathery membrane, upon all the parts affected by it. Unlike croup, it does not confine itself to the breathing tubes, but the membrane passes over into the pharynx, passes upwards into the nose filling the nasal passages, and, unlike croup, if there has been an injury, or an abrasion of the tongue or cheek, patches of membrane will form thereon, at the seat of the injury. By European observers it has also not unfrequently been seen upon parts where the epidermis has been removed by a blister, which extending in various directions often becomes a very formidable disease. The fatality of this disease does not alone consist in an obstruction to the tubes which are the seat of the deposit; there is a *constitutional* element in it. Unlike croup, it is what physicians are in the habit of calling a *blood disease*. I do not know whether the blood is contaminated or not; but it certainly appears to be a disease of the *whole system*, for in many instances, where the membrane is entirely removed from the air passages, the child, though apparently beginning to get well, will suddenly sink and die. In many instances this disease comes on with violent chills. In one case, I remember that a young lady was seized with these

chills while in church; they became so violent that she was obliged to go home, and shortly afterwards had sore throat. In this respect it has some resemblance to the epidemic erysipelas. The *fever* attending the disease is often very high and in some cases we have *vomiting* at the very onset of the disease. This is not the mode, however, in which they all come on. A great many cases come on very insidiously after the manner of some cases of croup, and often much more slowly than croup. I saw a physician attacked by the disease, who, evidently, had contracted it while driving about among his patients. He was seized first with a cold chill, which was soon followed by a flushed face, then another chill, then another fever, and then a third chill with a recurrence of the fever. On seeing him, I asked, "what is the matter?" "I really don't know," said he, in a thick, husky voice, indicating some enlargement of the tonsils, and this led me to examine his throat, and there I saw a patch of this exudation, about as large as a new penny, nearly circular and surrounded by an ugly looking dark line, the nature of which could not be mistaken. He very soon got well. Do not understand me now as describing the *general* mode of the invasion of the disease, I merely select these cases for the sake of illustrating the *various* and peculiar modes in which it makes its attack.

I was describing to you yesterday the mode of invasion of diphtheria. I gave you a particular mode of invasion, for the purpose of illustrating the important fact that the disease is not a *local* one in its character. For although the disease has a local manifestation, yet it appears only in certain conditions of the system. How it first affects the system we cannot say. Were it proven, that the disease can be communicated by inoculation, we should say the contamination affects the *whole system first*; and afterwards produces its local manifestation at the point where the inoculation took place, in the same manner as syphilitic disease. Now with regard to the *symptoms* of the disease more particularly, I have seen about twenty cases of this disease, and I suppose in these twenty, so far as I can judge from the accounts of the disease, as it occurred elsewhere, I have seen about all the modes of invasion peculiar to this affection. They may be divided under two heads. Those in which the *constitutional symptoms* are active in the beginning, and those in which the disease makes its invasion *very insidiously*, and only becomes manifest by the appearance of a patch of exudation upon one or other of the tonsils or in the fauces. In this latter class of cases the children do not complain of much ill health, yet it is apparent that they do not feel exactly well, and have as a rule not much disposition to play.

In some cases you find the patient in bed, amusing itself with its playthings, and the mother being afraid that something was about to happen, has sent

for the doctor. When you speak to the child, it answers you in a confident, full voice, perhaps a little hoarse. You will learn from the mother that the little one has had some cough. On examining the throat on the *outside*, you find it a little swollen; the *glands* on the outside are a little swollen. You get a spoon, depress the tongue, and looking into the fauces you will very likely see a little patch of membranous exudation, about as big as a dime, a whitish membrane lying upon one of the tonsils surrounded by a lively injection, sometimes surrounded by a pretty deep *venous* injection, or at least a venous color. *Then you have the diagnosis.* If this patch of the peculiar membrane of this disease remains, there is danger that it will gradually spread and produce very serious consequences. I saw a child just in this condition about two weeks ago. You would hardly have supposed that there was any need of apprehending danger. The pulse was not very rapid, perhaps about 100, the countenance fresh, the child only appearing a little paler than usual. The tongue was not particularly covered with any coating, nor yet dry. While the attending physician and myself were talking over the case in an adjoining room, I noticed the child tipping over its head, to look and see who those people in the parlor were. I state this little circumstance to show you that the child evidently did not feel very sick. We examined the throat and found one of these patches, on one of the tonsils and extending over the uvula; both tonsils were swollen and red. Almost any one would have said this child will get well, there is nothing to be alarmed about,—but the doctor was alarmed; he told the parents, that he feared the child would not recover. The voice was not yet very much altered, there was just enough of hoarseness to show that the inflammatory action was passing down into the trachea, although there was no membrane in the larynx as yet; but from the tendency of this thing to *advance*, it seemed to me that it would push its way into the trachea and larynx, and destroy the child. I never saw the child again. Eight days afterwards, however, I saw its name in the newspaper in the catalogue of deaths. I have not seen the doctor, and do not know how the child died; I suppose in the usual way, from extension of the membrane.

That the disease is a *constitutional* one, I think you will see from such a case as the following: The case is that of a girl, 8 years of age, who while in apparent good health, was attacked on the 3d of January with what appeared to be an ordinary sore throat. Yet there was enough change in the general appearance of the patient, to induce the parents to call in a physician. The physician discovered upon one of the tonsils a portion of this membrane; he combatted the disease as well he could by local applications and general remedies. In six days the

membrane had entirely disappeared, leaving the tonsils still swollen and red. On that day, however, this little one began to have *vomiting*, and in short the peculiar form of ill health that indicates the approach of scarlet fever. The scarlet fever ran its course regularly. The tonsils in the meanwhile, although very much swollen and disposed to ulcerate, *were not at any time the seat of membranous exudation*, they were *entirely free from membrane during the whole course of the scarlet fever.* When scarcely convalescent from scarlet fever, it was seized with *catarrhal* symptoms, such as usually precede the eruption of *measles*, and in a couple of days it had the measles eruption all over the upper part of the body. On Friday of last week, the eruption of measles had entirely disappeared from the body, and *now the throat began to be sore again*, and on Saturday morning the membrane once more made its appearance; this must have been some 18 days from the beginning of the disease. This membrane has resisted all applications that have been made to it, it is now extending forwards into the fauces, and backwards into the oesophagus, and apparently downwards into the breathing tubes. The child will in all probability die. On looking over this case we cannot fail being impressed with the idea that there is a *constitutional element* in this disease. Here we see the disease, as it were, jumping over two of the most formidable affections of childhood, the *constitutional element* still remaining, and as soon as these two diseases had passed away, this *constitutional* disease, diphtheria, again made its appearance in its own peculiar form, producing its own peculiar results. These cases taken together will suffice to show you the mode in which this disease makes its invasion.

Now, a word or two with regard to the *character of the membrane.* I have had several opportunities to examine this membrane; here are some specimens coughed up by a young person, some 14 years of age. This membrane you will observe differs somewhat from that formed in ordinary croup. The membrane of croup is not usually formed so *thick* as that, neither does it possess that coraceous or leathery character. Both membranes are formed in about the same way, and although the constitution of the two is not exactly similar, still there is nothing in the diphtheritic membrane, that will enable you to positively determine its character under the microscope. These membranes are formed in the same manner as are all false membranes, *namely*, by a coagulation of the plastic portion of the blood forming threads or filaments, without the intervention of cells. It is a fibrillation of fibrine. In this respect it does not differ from the membranes formed during the progress of what are called *healthy inflammations*, such as pleurisy, pericarditis, etc., with this exception, in *this* tissue there is a variable quantity of *granules*; but no *cells* belong to it prop-

erly. If there are any cells, they have come from the membrane on which it has been formed. These granules have in some parts of the membrane a linear course, in still certain other parts the granules seem to have no definite arrangement, but are held together by a certain matrix, thus forming a strong membrane. Some of these granules under the microscope appear to be *fatty*; sometimes the granules are definitely arranged in fibres; at other times there are no fibres at all, the granules being all mixed up together. The same membrane will frequently enough show these two characteristics as distinctly as would two different specimens. The difference between this membrane and that of croup, consists in the firm coraceous character of the former, and its more certain constitution by fibres, its greater abundance of granules, and in the absence of formative cells to be converted into fibre. The membrane of diphtheria is properly speaking, formed by the fibrillation of fibrine, whereas that of croup is formed first by the production of cells, and the subsequent transformation of these cells into fibres. In the diphtheritic membrane, that transformation process is not observed. The fibres are formed directly in the beginning, out of the exudation. The attachment of this membrane to the parts on which it is produced, is very much like that of ordinary croup, it is perhaps a little firmer, its tissue being firmer. The disposition of this membrane to *reform* is very remarkable, and is perhaps, one of the most prominent characteristics of this tissue. The membrane of croup is sometimes renewed, but not so often as is the diphtheritic membrane. This membrane like that of croup is prone to extend itself down the trachea, even to the last division of the bronchial tubes. Sometimes it takes its course down the pharynx and the œsophagus into the stomach. There is still another form of this disease, denominated by European writers as "*cutaneous diphtheria*," which forms upon any abraded surface, more especially that produced by a blister, which is recognized by the occurrence of this same coraceous membrane upon the naked surface. From the point affected, an ugly inflammation extends itself in various directions, and if there is a scratch, wound, ulcer, in the neighborhood, it is likely to become covered with the exudation; although it is not likely, when this "*cutaneous diphtheria*" occurs, that you will find a membrane in the throat; hence cutaneous diphtheria is described separately from the mucous diphtheria. In some cases of mucous diphtheria, the membrane is formed in the vagina. I am not aware that it has been found in the rectum, although I see no reason why it should not occur there; at least I can not call any case to my mind where it has been found. The most dangerous locality for the formation of this membrane, is certainly the throat. It is generally regarded as *least* dangerous

when it occurs on the *skin*, it being when it forms here, far more amenable to treatment, though not unfrequently fatal through constitutional influences. If the membrane, when forming in the *throat*, does not invade the *larynx* the chances for recovery are far greater; unfortunately the larynx is very rarely spared, and the patient dies with symptoms of suffocation, resembling those of croup. A certain portion of the children affected with this disease, do not have any membranous formation in the trachea; these are the *hopeful cases*, although it is true that the *tendency* of the disease lingers sometimes even after the membranes have disappeared. Dr. Macready, had such a case some time ago. In this instance after some days of treatment, the coraceous membrane was discharged, after which the child seemed to be doing very well indeed; all the membrane had disappeared from the throat, and there was no symptoms of its reformation; there was nothing to induce the conviction that there would be any obstruction of the passages, the breathing being easy and natural, the throat clear of all membranous material. The child was then somewhat weak, but still strong enough to take a ride out. One day however, it sank suddenly into a state of collapse, without any known cause, and shortly afterwards died. I had just such a case as this myself, where after the membrane was discharged, the patient seemed to be doing remarkably well; he was well enough to sit up in his chair, although too weak to go about. So far everything was promising; but suddenly, one day, he was seized with a fainting fit; the pulse became more and more rapid, and weak; his face became very pale, looking exactly, as if some internal hemorrhage had taken place, and in this condition he died. You will notice then that this disease has a sequel. There is a constitutional element in it, that does not alone manifest itself in the throat. Nor can we regard it as a trifling affection. It is true that it is not so fatal as membranous croup, because there are a considerable number of cases in which the membrane does not extend itself down into the breathing tubes.

(The doctor then took up the treatment in detail. As it would encroach too much on our allotted space, we give merely the conclusions, deducible from his remarks.)

1st. That inasmuch as diphtheria is a *manifestly constitutional* disease, so must our main reliance be placed on *constitutional treatment*.

2d. As the disease is of an *Asthenic* type, the remedies employed must be such as will give tone to the system. The best of these are the fluid preparations of iron, quinine, etc., together with an invigorating diet, and the occasional use of stimulants.

3d. The administration of mercury with a view of obtaining its *constitutional* effects, is a doubtful ex-

pedient, but the application of *cry calomel* to the ulcerations of the throat is of decided benefit.

4th. The application of the nitrate of silver to the membrane itself is of no special service, whereas if applied to the parts immediately around the membrane, it tends to prevent its further extension.

5th. The administration of chlorate of potash, both in the form of a gargle, and as an internal remedy, though not as was claimed, a specific in this disease, is still of some benefit, and should therefore form a part of our treatment.

## EDITORIAL DEPARTMENT.

### Periscope.

[Translations from Foreign Journals, by O. D. Palmer. M. D.]

*Asphyxia from Chloroform Successfully Treated by Faradisation of the Diaphragm, and Methodical Compression of the Abdomen*, by Dr. H. FRIEDBERG, of Berlin. From the *Gazette Hebdom.*, Jan. 1., 1860, Paris.—*Case.* It relates to a boy aged four years, from whose eyelid, Dr. Friedberg proposed to remove an encysted tumor. Chloroform, not more at most than four drachms, was administered by means of a sponge fixed by a compress. Dr. Friedberg, whilst occupied in giving some instructions, had confided for two minutes only, the chloroform to his assistants. When he returned to his patient, he remarked that his countenance had suddenly changed, his pulse in the mean time becoming very small. The child made a few rattling inspirations, and then respiration ceased. The face was livid, the eyes expressionless, the extremities in a state of complete resolution, the tongue adhering to the dental arches. The boy was placed immediately in a sitting posture, the windows thrown open, his face and breast sprinkled with cold water, and caustic ammonia presented to his nostrils. Dr. Friedberg passed a small sponge over the epiglottis, and about the larynx, in order to remove the mucosities that might collect, and to provoke a cough; there were used alternately on the thorax frictions, and flagellations, with compresses wet in cold water. These operations were continued for two or three minutes, when the pulse stopped entirely, the face was that of a corpse, the under jaw fell upon the breast, the pupils were dilated.

Artificial respiration was immediately resorted to, by pressing the abdominal viscera towards the diaphragm, which offered no resistance, and again leaving it to its elasticity,

following the normal rhythm of respiration. At the end of three minutes, nothing was changed in the state of the patient, the diaphragm not contracting.

Dr. Friedberg then had recourse to faradisation of the diaphragm, by the aid of the induction apparatus of M. du Bois Reymond. One of the electrodes was applied over the phrenic nerve, at the point where the omohyoides muscle crosses the external border of the sterno-hyoides; the other electrode, was strongly pressed in the seventh intercostal space. These applications were made alternately, on one side, and then on the other, giving to each the duration of a deep inspiration. After the tenth interruption, a raising of the abdominal parietes was perceived, a sign of contraction of the abdomen, at first only on the side submitted to the current, then on both sides at the same time, and accompanied by a noise analogous to that produced by hicough. The faradisation was suspended an instant, and the child made three spontaneous inspirations. A sudden and transient redness in the face was perceived, and the radial pulse was felt anew. Immediately, however, the respiratory movement and pulse became more and more enfeebled. We had to be content to return to the methodical compression of the sub-umbilical region, and the means first employed. At the end of twenty minutes from the commencement of this accident, anesthesia began to disappear, the child opened his eyes and cried; the face having assumed the normal color, we proceeded to the operation. The child slept directly afterwards. When he awoke, an hour later, there remained no trace of the suspended animation.

*Editors' Remarks.*—The methodical compression of the lower abdomen, in order to be efficacious, ought to be made in such a manner, that the viscera compressed will not be forced into the cavity of the pelvis, and should, therefore, be made upon the whole abdomen. In this manner it may suffice alone, in case of chloroformic asphyxia, to reanimate respiratory action. Dr. Friedberg witnessed an example of this in 1851; and Dr. Ulrich, of Vienna, has published two cases similar to this. (*Über Lebensrettung by asphyxia nach chloroform und Ätherienathmen*) In the above case, this operation has not had the same effect, and it was the faradisation of the diaphragm, that re-established respiration. These two means,



might and should be employed concurrently, to produce a complete respiratory action. Faradisation appears to have succeeded equally well with Dr. Simpson, in a case of asphyxia from carbonic acid gas.

Whatever opinion we may entertain in regard to the cause of accidents produced by chloroform, the benefits of artificial respiration cannot be denied. With the case of Dr. Friedberg, this was what caused the contractions of the heart, as the action of respiration had begun sometime before the return of the pulse. In this respect, we must say it, the above case is exceptionable. In a majority of cases, these phenomena succeed in an inverse order, as is shown by the facts assembled by Lallemand and F. Hartman. With the patient above mentioned by Dr. Friedberg, the radial pulse appeared ten minutes sooner than the respiratory movements. This difference is perhaps due to an action peculiar to faradisation; and which action does not return to simple artificial respiration, produced by excitation of the diaphragm. It is possible, in fact, that the galvanic current may have extended its action to the heart, by having excited the cardiac fibres of the great sympathetic.

However this may be, faradisation, combined with mechanical excitation of the diaphragm, has the advantage over sufflation, in not causing air charged with carbonic acid gas (almost ever injurious to respiration) to penetrate the lungs.

*Imperforation of the Hymen—Operation—Death.*—In an excellent clinic lesson, published in the "Medical Times and Gazette," Mr. Simpson recently gave a very interesting history of the imperforation of the hymen. It is one of the best *resumes* we have on the subject. We observe, however, that this celebrated accoucheur has neglected to signalize an affection which proves rapidly fatal to any woman who bears this vice of conformation; we mean the escape of the fluid contained in the fallopian tubes into the cavity of the peritoneum. This accident, however, has presented itself a number of times, (*vide Kiwisch Klinische Vortraege*), and Hain has reported a remarkable case of it. Perhaps this case did not appear conclusive to Mr. Simpson. The

following fact observed by Dr. Paget in 1852, is sufficient to remove all doubts concerning the possibility of the accident in question:

A young woman, aged eighteen, had presented the usual symptoms of imperforation of the hymen. The whole sub-umbilical portion of the abdomen was occupied by a fluctuating tumor, producing a swelling quite appreciable in the two iliac regions. The incision of the thickened and imperforate hymen, gave issue to a great quantity of a blackish fluid. Injections of tepid water were made, and all went on well during the three first days, at the end of which time an acute peritonitis attacked the patient, and carried her off in forty-eight hours.

At the autopsy there was found a pint and a half of blackish fluid, (*analogous to that discharged from the vagina*) in the cavity of the peritoneum, which last presented the usual characteristics of a subacute inflammation. The uterus was nearly tripled in volume. The fallopian tubes, and the ovaries of each side, had acquired an enormous volume. Each was able to contain a pint of fluid. Upon each of these ovarian tumors, ulcerated perforations were visible, through the ragged borders of which their contents had escaped into the peritoneal cavity.

Dr. Paget confesses that it is very difficult to give a reason for the perforation of the fallopian tubes after the operation, as they communicated freely with the uterus. Perhaps there had been some traumatism, that passed unperceived. Whatever besides these might have been, the fact remains none the less, and we must keep it in mind in making our prognosis in similar cases.

Dr. Paget reports another case, in which the incision of the hymen succeeded perfectly. In this case, which presented nothing peculiar in other respects, we had observed as symptoms of occlusion and distension of the parts, a retention of urine, which returned at irregular intervals, more, probably, at the times when the exhalation of the sanguineous fluid was most increased. The tumor however did not extend to the left side of the abdomen, which might have been caused by an absence of the ovary on that side.

The errors in medicine have usually originated in the speculative conceits of men of superior capacities. The blunders of the weak are usually short lived; but a false theory, with a semblance of nature, struck in the mint of genius, often deceives the learned, and passes current through the world.

## THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 11, 1860.

## THE TREATMENT OF THE INSANE.

One of the greatest revolutions of modern times, is that by which the medical mind has been disenthralled from the antiquated notions in regard to the treatment of the insane, of an age which treads hard upon our own day—whose last footfall covers more than one or two decades of the present century. Institutions that were erected within a quarter of a century, even, are found to have at a convenient height from the pavement, in the stone walls of their diminutive yards, staples and rings to which many an unfortunate sufferer has been chained by the hour; and the sound of the axe has scarcely died away from our ears, that was employed in removing from cold, dark, damp cellars, fearful looking cells, in which many a once bright and shining intellect has expended the few remaining sparks of its wonted fire in efforts to escape from so horrible a confinement. We have seen the marks of their very teeth on the strong bars that imprisoned them; and it needs no vivid imagination to hear the wild shrieks with which these almost superhuman efforts to obtain liberty were accompanied—and all, all tending to increase, rather than ameliorate the condition of the unfortunate victim of mistaken ideas which originated in an age of barbarism, and which christianity and civilization tolerated too long.

But dark as is the above picture, the black lines are not all drawn yet. We must not, however, blacken the canvas with too tedious a detail, and we will only name the lancet, the scourge, the instruments of torture, the shower and plunge bath indiscriminately used, the ice chair, the starvation, and the thousand other appliances which a brutalized intellect brought to bear on sensitive overwrought brains, which, in their diseased condition, needed far different treatment. The world has been slow to comprehend the teachings of the Saviour in regard to the treatment of the insane, as recorded in Luke, chap. viii., verses 26 to 39 in-

clusive, and chap. ix., verses 38 to 42 inclusive. The passages referred to are worth reading, to show the contrast between the two methods of treatment of these unfortunates then, as compared with that of the present day, with what generally prevailed but a few years ago.

Insanity is no more an evidence of want of brain, than dyspepsia is of absence of a stomach, or than palpitations of the lack of a heart, or pain in the side of the absence of a liver. We are apt to regard these symptoms as evidences of the existence of the various organs named, though in a diseased condition. So is mental aberration an evidence of the existence of a brain in a disordered state, either from disease of its substance, or of some other constituent or function of the organism, manifested through the brain. Excitement of this organ, whether from a sthenic or asthenic condition, should receive prompt, decisive, and at the same time gentle and humane treatment—and the old proverb, *Mens sana in corpore sano* should long ago have taught men where there was a starting point in the treatment of insanity. The spirit of the age, and the observations and labors of medical men, with the aid of some choice spirits "of whom the world is not worthy," have at length aroused civilized man to a proper appreciation of the condition and wants of this unfortunate class, and a great amelioration in their condition is the result, though much still remains to be done. Many—we may indeed say most—of the institutions, in our country at least, devoted to the treatment of the insane, are too large. This is especially true of institutions that are supported by taxation, as those connected with our large cities, as Philadelphia, New York, etc. And another very serious error in these strictly charitable institutions, consists in the fact that the diet of the patients is not of a quality that is conducive to recovery. There is also in this class of institutions lack of ground for exercise and means of employment.

These trite remarks may appear commonplace in a journal which is pretty much confined in its circulation to the medical profession. But there is not enough on the subject

of insanity in the every day reading of the physician. We fear there are some who can yet be enlightened on this subject, even by such common-places as above. In a late report, the superintendent of an insane hospital in one of the British American Provinces, says: "I could mention one locality from which, though it is not excelled by any in Canada for salubrity, a larger proportion of incurable cases have come in than from any other of which I know. Had the physician been without lancets, many of his patients would now be in a more hopeful state. As he has passed from this world of error, I trust to a better, it is to be hoped his successor will be more sparing of the vital fluid in treating the insane who will pass through his hands."

The physician should instruct the public mind in regard to the condition and treatment of the insane, endeavor to correct the notion that it is any more disgraceful to have a disorder of the brain, than of the stomach, liver, or any other organ of the body, and to eradicate the foolish prejudice against sending a friend to an insane hospital for treatment. Above all, they should themselves become acquainted with the principles of the treatment of insanity, and as in its incipient stages the disease generally first comes under the notice of the general practitioner, he should lose no time in recommending the immediate removal of the patient to a hospital for the insane, where alone he can receive proper treatment.

#### THE MEDICAL SOCIETY OF NEW JERSEY.

This ancient institution held its *ninety-fourth* annual meeting in Trenton, on Tuesday and Wednesday the 24th and 25th ult. For the first time for many years we were not present a pleasure which we were loth to be deprived of; but new and arduous public duties forbade our absence at this time. We doubt not we shall receive from the Secretary a full report of the proceedings for publication.

The President, Dr. J. R. Sickler, read an address on scarlet fever. The following officers were elected for the ensuing year.

\*Quoted by Dr. Hills, in the 21st Annual Report of the Central Ohio Lunatic Asylum.

*President*—Dr. Wm. Elmer, of Cumberland county.

*1st Vice President*—John Blane, Hunterdon county.

*2d Vice President*—John Woolverton, of Mercer county.

*3d Vice President*—Abraham Coles, of Essex county.

*Treasurer*—J. S. English, of Monmouth county.

*Recording Secretary*—W. Pierson, of Essex county.

*Corresponding Secretary*—T. J. Corson, of Mercer County.

*Standing Committee*—S. Wickes, P. F. Brakely, J. C. Johnson.

The following delegates were appointed to attend the next meeting of the American Medical Association.

Drs. L. A. Smith, L. Condit, J. S. English, B. L. Dodd, P. F. Brakeley, H. H. Baldwin, S. H. Pennington, R. M. Cooper, J. B. Coleman, A. B. Dayton, William Pierson, Jr., J. R. Sickler, E. Bateman, J. Miller, S. Lilly and W. Elmer.

Dr. Hunt, of Middlesex county, was appointed Essayist.

The Society adjourned to meet at 7 o'clock, P. M., on the fourth Tuesday of January, 1861.

#### LONG ISLAND COLLEGE HOSPITAL, AT BROOKLYN, N. Y.

This institution seems at last to have gotten under way, but with a different corps of professors from those at first announced. Brooklyn has a population of 250,000, several well appointed hospitals, and dispensaries, and the circular before us offers a great many advantages to the medical student. The faculty will, however, find that their proximity to New York will be greatly to their disadvantage. They are, however, all of them men of great talent and energy, and their connection with the enterprise ought to insure success. The institution is governed by the rules and principles that govern most of the medical colleges of this country.

The first course of lectures will commence on Thursday, March 29th, and continue sixteen weeks. The following is the faculty:

Austin Flint, M. D. (New Orleans School of Medicine,) Professor of Practical Medicine and Pathology.

Frank H. Hamilton, M. D., (University of Buffalo,) Professor of Surgery.

James D. Trask, M. D., Professor of Obstetrics and Diseases of Women and Children.

R. Ogden Doremus, M. D., (New York Medical College,) Professor of Chemistry and Toxicology.

Joseph C. Hutchinson, M. D., Professor of Surgical Anatomy and Operative Surgery.

John C. Dalton, M. D., (College of Physicians and Surgeons, N. Y.,) Prof. of Physiology and Microscopic Anatomy.

De Witt C. Enos, M. D., Professor of General and Descriptive Anatomy.

Edwin N. Chapman, M. D., Professor of Materia Medica and Therapeutics.

J. G. Johnson, M. D., Demonstrator of Anatomy.

## Correspondence.

### REPLY TO "DRUGGISTS' MISTAKES, THEIR CAUSE, AND THE ONLY MEANS OF PREVENTION."

THE REPORTER of the 21st of January contains a review of that portion of the late annual message of Governor Newell to the Legislature of New Jersey, in which he recommends that, in order to prevent the loss of lives occasioned by the ignorance or carelessness of apothecaries in compounding medical prescriptions, and the haste in which physicians sometimes indulge in writing recipes, the former be obliged to affix to each receptacle, the English, as well as the official names of the medicine it contains; and the latter to write out their prescriptions in full instead of using abbreviations and characters.

The author of the criticism complains that he cannot comprehend how the recommendation of the Governor will remedy the evil, and insists that the only security lies in obliging apothecaries to employ none but educated, experienced and careful compounders. Nearly all the mistakes of this kind occur in the cities where the most rigid requirements exist, yet it is readily conceded that this plan affords an effectual barrier against them; but such regulations could not, in all probability, be enacted in New Jersey, or, if enacted, would not be enforced. They would speedily be disregarded as is now the law which provides that any physician who pre-

scribes, without having been previously subjected to all the formalities and examinations necessary to become a legal practitioner, to a fine of twenty-five dollars for every prescription he may make, and renders him ever after ineligible to a license; and, as are also the laws for the suppression of intemperance; against the Sunday traffic in liquor; Sunday travel; and profane swearing. But few druggists, outside of the large cities, can afford to employ a regularly educated prescription clerks. In the country, and even in many of the large towns, the plan is utterly impracticable, and would entail upon physicians the necessity of compounding their own medicines. In view of these palpable facts the recommendation of the Governor will avail to abate much of the evil he strives to prevent; for, whilst the English name will not in any degree embarrass the educated druggist, it would serve to attract the attention of the unskilled apprentice or clerk to the nature of the medicines called for, and especially in the use of the more dangerous, induce a greater care in their preparation. For example the term "laudanum" will convey to such an one a more distinct idea of the medical property of the article than "tinct. opii"; "paragoric," than "tinct. opii camph"; "calomel," than "proto. chlor"; "corrosive sublimate," than "hyd. dewto. chlor. hyd"; "lunar caustic," than "arg. nit. chrys"; "white arsenic," than "arsen. alb"; "croton oil," than "ol. tig." And the illustrations might be extended to many other equally powerful and dangerous medicinal agents. The United States Dispensary invariably gives with the official, the English names of medicines.

The writer of the article in question thinks that "it would have a queer look to see a jar labelled 'extract of stink weed,' instead of 'ext. stram';" or for "tinct. assafetid," to read "tincture of devil's dung." Euphony is worthy of but little regard when weighed against human suffering and human life, yet this need not be violated in adopting the Governor's suggestion. He recommends the use of the English, not the vulgar name, which even in the extreme cases presented would, by authority of "Wood & Bache," in place of "stink weed," read "thorn apple," and "devil's dung," "assafetide," names by which they are universally known.

The critic is "at a loss to understand how the abbreviations now used in prescription writing are more liable to be written incorrectly than if written out in full."

Dr. George B. Wood, recognized as authority upon this continent at least, if not throughout the civilized world, in all questions pertaining to materia medica, advises physicians to write out the full name of the medicine, and in the examples which he gives invariably follows this precept. Abbreviated prescriptions are intelligible enough to an educated person when

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distinctly written, or in print, but they are often drawn up in great haste, with a soft pencil, on a piece of newspaper or other flimsy material, crumpled up by the messenger, and hurried off to the place where medicines are sold, when the blurred condition of the paper may serve to increase the similarity of the names of medicines having diverse properties, as well as that of characters indicating widely different quantities. A very slight change will make "sulph. quina" appear to be "sulph. morphine," and one not entirely familiar with the usual proportions of medical prescriptions might readily, in the condition of the paper described, mistake the symbol which designates an ounce, written thus  $\bar{z}$ , for a drachm, written thus  $\bar{\gamma}$ , or for a scruple, written thus  $\bar{\beta}$ , for a pint, written thus  $\bar{\alpha}$ , or the abbreviation for grains, written thus, gr, for drops, written thus, gtt, and be unable, owing to its apparently contradictory character, to make up the prescription, or be obliged to guess at its meaning, and it may be commit an irreparable mistake certainly not so likely to occur were the names and quantities written out in full.

There is nothing in Governor Newell's moderate and practical suggestions which merits the insinuation that they are designed to pander to "popular sentiment;" to place an undeserved responsibility upon his medical brethren; or to shield careless or ignorant druggists. Indeed, it is worthy of consideration whether the convenience and reputation of physicians, and the health and lives of the people, would not be better secured if the profession would relinquish entirely the use of the mysterious characters, and abbreviations from a dead language, which now confound the unlearned apothecary, and substitute, fully written, English prescriptions. \* \*

Philadelphia, Feb 6, 1860.

EDS. REPORTER:—In a recent number of the REPORTER a denial is made of the assertion of Dr. Austin Flint that Dr Dalton and himself are the only teachers of physiology in this country "who attempt to illustrate it by vivisections and demonstrations." That this claim to exclusiveness cannot be sustained is proven by the names of two gentlemen, cited by you, who have been in the habit of thus illustrating their teachings. It struck me that a singular omission had been made of the name of Dr. Francis G. Smith, late Professor of the Institutes of Medicine in Pennsylvania Medical College.

Dr. Smith has been in the constant habit of illustrating his public lectures by experiments upon living animals both warm and cold blooded, and of affording also to his classes opportunities for the microscopical examination of various vital phenomena, which so far as my knowledge extends are not given by other medical schools of this city.

Your notice of this communication would do justice to an able expositor of this science, and would gratify

A STUDENT.

## News and Miscellany.

*Vital Statistics*.—The Sacramento, Cal. *Daily Union* for Jan. 2d, comes to us with very full and complete vital statistics of that city for the year 1859, which were chiefly prepared by Dr. Thomas M. Logan, who is one of the most industrious statisticians in our country. These statistics are exceedingly valuable, and all our large cities should be as particular in keeping their vital records as the authorities of Sacramento seem to be.

*Army and Navy Intelligence*.—A Board of Naval Surgeons will meet in this city on the 1st of March, for the examination of candidates for admission into the Medical Corps. Application for leave to appear before the board for examination must be addressed to the Secretary of the Navy, and be accompanied by testimonials as to moral and physical qualifications, also to show that the applicant is over 21 years of age, and under 25.

Assistant Surgeon T. H. Williams, having relinquished the remainder of his leave of absence, has been ordered to repair to Fort Arbuckle, C. N., and relieve Assistant Surgeon J. J. Gaenslen, who will then proceed to the Head-quarters of the Department of Texas, and report for duty to the Commander thereof.

Assistant Surgeon, P. A. Quinan has been assigned to duty with the company ordered to take post at Aleatraz Island.

*Autophagy*.—*The Art of Eating One's self*.—At a late meeting of the French Academy of Medicine, a very singular paper was read on autophagy, spontaneous and artificial. M. Anselmier, the author of the paper, bases his theory on the fact that the body, when deprived of its ordinary nutriment, consumes itself, until, as its substance wastes away, its temperature falls and death ensues. He has proved by experiments that the most economical method for self-consumption is to keep up the ordinary process of nutrition by slight bleeding and drinking the blood. Of two animals in a similar condition, one of which he starved, and the other fed upon its own blood alone, the latter lived several days longer than the former.

*French Provincial Quackeries.*—Our French brethren, it seems, have to run the game of concurrence with as great a variety of irregular Practitioners as we have to deal with in this "Island of the Blest." A country doctor thus writes on the subject of a town friend:—You know, for you have seen him at his work in the public squares, the dentist with his big box and trumpet, competing with the oculist, who will remove your cataract, etc., etc., on his cart. Next comes the Farrier, who after a few signs of the cross reversed, and some diabolical words, restores all sprains and dislocations. Sometimes he tumbles on a fracture, and then good luck to the patient. Then we have a sister called of Charity, who reduces dislocations that never existed, and cures a fracture in nine days by the aid of an impossible apparatus. A urine-consulter cures you of your evils by simple drugs, which he makes you pay right dear for. The sorcerer, who tells the fate of man and beast, has all sorts of bold prescriptions. I know one who made a woman suffering from ague swallow three *pediculi capitis* in the yolk of an egg. Then we have the matron, or sister of the school, who will bleed any living soul for a pound of butter; and the old woman with her gossip, and her *neuvaines*; and the pig butcher—*ad infinitum*. But what is most deplorable is that we find here and there men, usually well instructed curés, who imagine after reading some few books on medicine, that they can treat a man like the best of us. When the patient is in *extremis*, then they send for a doctor. It is useless reasoning with such; these gentry are deaf to reason, and begin the same thing the next day. But the greatest plague of all is the doctor, who establishes himself for fifteen days in the neighboring town. His name and quality is learnt by flaming placards. One is raspaillist, another homœopath, oculist, auriculist, electropath, magnetiser, or what you like. Here a note for two or three hundred francs is required for a prescription."—*Med. Times and Gazette*.

*Cannabis Indica.*—We have received from Tilden & Co, New Lebanon, N. Y., a very fine specimen of extract of *Cannabis Indica*, which we have used with much satisfaction. We doubt whether it is inferior to that of Squires, of London, which has the reputation of being the best in the market. Tilden's has the advantage of greater consistence. This remedy is not used as much as it should be, partly probably from the fact that it has so often proved unreliable.

*Adulteration of Liquors.*—Dr. Hiram Cox, Inspector of Liquors at Cincinnati, in a late report on their adulteration, relates that he observed one day, in a grocery store, a man shedding tears and gasping while drinking a glass of whiskey. He called for some of the same, and a piece of litmus paper, dipped in it, turned scarlet. He took the liquor to his laboratory, and the analysis gave seventeen per cent. of alcoholic spirits, instead of forty, which is proof, the difference being made up with red pepper, caustic, potassa, nux vomica, &c. One pint of such liquor would kill the strongest man.

*Mortality of the Professions.*—The average age of the clergy who have passed their 50th year is 74.04 years; that of the physician, 72.95 years. "If comparison is made, however," says the *Edinburgh Review*, "between the highest grades of the two professions, between archbishops and bishops, and baronets who have filled the posts of physicians and surgeons to the sovereign, the latter have the advantage by four years; and in both cases the lawyer lags behind in the race with clergymen and physicians—with the latter, in his ordinary rank, by a few days only, and with the class of medical baronets, as compared with judges, upwards of four years: how much hard study, alternated with tawny port, has to do with the difference, we should hardly like to say."

*American Surgical Instruments.*—We made lately some remarks in regard to the eminent surgical cutlers and bandage makers of this city, and the perfection to which they have developed their important arts. A comparison of American and European instruments has been recently made by Dr. Nott, who spent some time in Europe for the purpose of purchasing a large supply for the new Medical College of Alabama. He explored thoroughly the principal cutlery establishments in European cities, and was disappointed in his expectations of getting better or cheaper instruments than in this country, and regrets not having made his entire purchases in Philadelphia or New York.

The heavy graceless instruments of English manufacture, or those more ornate and complicated of the French, will not, for efficiency and neatness, compare with those now made in the principal American cities.

There is in the Chelsea Hospital, England, a soldier aged one hundred and five years.

*Inter-mural Interments.*—The subject of inter-mural interments, which practice has been almost discontinued in London, and the disposal of the abandoned grave yards, is exciting much attention. Some of the grounds are elevated many feet above the general level by the accumulation for centuries of human remains. Thirty-six thousand tons of human relics are decaying in them.

Dr. Letheby, whose name is frequently associated with London sanitary matters, thinks that the using the grave yards for building purposes would, by exposing so much decomposing material, be extremely dangerous to the community, and that it would be dangerous to the occupants of dwelling houses built on ground containing so much corrupting material. He thinks that the soil in these places should remain untouched for many years to come.

Dr. Bell of this city, some time ago presented, by authority of the Philadelphia County Medical Society, a report on the subject of inter-mural interments to the City Councils, but we have not yet heard of any action of that body in regard to the matter.

The *Lancet* makes the following remarks in relation to the tombs in the churches :

None but those who have actually inspected the burial vaults of some of our churches, can form an adequate idea of the physical and moral horrors of the scene. Respect for the dead ! You see those costly and once solid coffins slowly but surely rotting away ; the sweltering corpses within emitting a horrible unctuous liquid, and generating putrefactive gases which attack the lead, eat numerous holes, and make their escape ; the wood rots ; the lead sinks in under the superincumbent weight ; decomposition is accelerated, and the most deadly vapors are diffused. But not so revolting or so deadly as to screen those poor remnants of vanity from desecration. The vaults have in several instances been entered by thieves who have stolen the wood for burning, and the lead for melting. Even those elaborately ornamented plates upon which were engraved the names of the buried have been removed, thus not leaving a trace for the identification of those remains which were supposed to rest in hallowed security in the sanctuary of the church. The leaden coffins once pierced by the agency of putrefactive gases, or stripped by the sacrilegious hand, corruption has full play. The vault becomes a laboratory of the most subtle and dangerous poisons. Through chinks in doorways, through

bricks and mortar, through slabs of stone, and through ventilating grates, the foul gases make their way. Their generation cannot be stayed, nor can they be imprisoned. Under the influence of that silent but never ceasing law of gaseous diffusion, the vault keeps up a constant interchange of its products with the surrounding atmosphere. Thus diluted, but ever renewed, the horrible miasm steals along, and spreads throughout the church. The process is at times quickened by natural agency, and at times by the unconscious ignorance of man. In the summer, under peculiar thermal, barometric and static conditions of the air, not only does putrefaction proceed more rapidly, but gaseous diffusion or admixture goes on with increased energy. If the air is hot and still, with no currents to dilute and bear away the venomous gases as they escape from the vault, then they hang about the immediate vicinity in greater concentration, and act upon the unconscious worshippers with more deadly force. In the winter a similar effect is produced by the agency of fires and lights. The rarefaction induced by heat in the body of the church brings up currents of air laden with the products of the vaults ; and in some places, the inspections have brought to light contrivances for warming that would seem to have been designed for the express purpose of diffusing the vault-gases into the lungs of the congregation. Stoves were found in the vaults adjoining the charnel-houses, which threw up warmed air drawn from this delectable source into the aisles ! What perverse ingenuity ! Surely there was and is room for the reforming march of the medical health-inspector. Did clergy, churchwardens, clerks, or congregations know these things, or did they trace to their true cause the heavy air that oppressed the sense as they entered the church, and the sickness that not seldom accompanied the worshipper home ?

The measures taken to put an end to or to mitigate this monstrous evil are—first, the abolition of all church burials for the future ; secondly, the disposal of the existing corpses in such a manner as to render the escape of the products of decomposition impossible, or much less active. The vaults have been opened for ventilation, and then fumigated with chlorine ; the coffins have been disposed in decent order on a level, covered with two feet of dry earth, and over this has been laid a stratum of vegetable charcoal two inches thick. In some cases ventilating shafts have been carried from the crown of the vaults to the roofs of the

churches, in order to discharge the gases, all other outlets being closed. That these measures are generally calculated to effect the object contemplated, we have every reason to believe. But we are of opinion that in particular instances, where the vaults are so situated as to admit of free thorough ventilation by large windows, the special shafts may be usefully dispensed with, especially where the church stands in a large open space remote from houses, and exposed to the wind from all quarters.

**Operative Physiology.**—We recently mentioned the names of some teachers of physiology in this city who are in the habit of illustrating their courses by vivisections. We have been since informed that Dr. F. G. Smith has been in the habit of thus illustrating his course during and since his connection with the Pennsylvania Medical College. His successor Dr. J. A. Meigs has also been in this practice, and in the *Chicago Medical Examiner* a similar claim is made for Drs. Deville and Hollister of the Lind University.

It is estimated by M. Bouquet that upwards of two millions of pounds of bi-carbonate of soda are annually discharged from the mineral springs of Vichy, in Germany.

**The Nurses at Brescia.**—The Emperor Napoleon has sent a gold medal to the ladies of Brescia, as an acknowledgment of their attention to the wounded after the late battles.

**Liebig**, whose leg was some time ago broken, is again confined to his bed by further injury to the same limb.

**The French "Black Doctor"** has been sentenced to fifteen months imprisonment, and a fine of five hundred francs.

In a case before Justice Conlon, the other day, in Indianapolis, wherein one physician claimed pay from another for visiting his patient at his request, it was shown in evidence that it was a custom with physicians not to make charge for visiting another's patients when requested by the physician in attendance to do so. The Justice held that custom made law, and that the complaining physician would have to abide by the rules and regulations of his profession.—*N. Y. Medical Press.*

## To Correspondents.

We have received Reports of the Central Ohio Lunatic Asylum, Dr. Hills; of the Eastern Lunatic Asylum of Kentucky, located at Lexington, Dr. Chipley; and of the New York city Lunatic Asylum, Dr. Ranney.

**Dr. P., Englishtown, N. J.**—Bullock & Crenshaw, of this city have forwarded some vaccine matter to you by mail.

COMMUNICATIONS RECEIVED.—Alabama, Dr. E. H. Sholl—Georgia, Dr. Johnson Matthews, (with encl.)—Indiana, Dr. A. B. Butler, (with encl.)—Kentucky, Dr. John D. Jackson—Maine, Dr. S. A. Bennett—Mississippi, Dr. B. J. Scott, (with encl.)—New Jersey, Dr. J. S. Cramer, (with encl.)—Dr. Wm. A. Newell, Dr. W. Elmer—New York, Dr. Chas. D. Smith, (with encl.)—Tilden & Co., J. Winchester, Dr. Ch. F. J. Lehlbach, Mr. A. D. F. Randolph—North Carolina, Dr. W. J. Bullock, Dr. J. F. Freeman, Dr. J. H. Williams, (with encl.)—Dr. H. Terrell—Pennsylvania, Dr. R. E. Mowry, (with encl.)—Dr. O. D. Palmer—Virginia, Dr. W. Washington, (with encl.)

## MARRIAGES.

**WILSON**—CRUM.—In Cass county, Ill., Jan. 12th, by Rev. J. P. Johnston, J. F. Wilson, M. D., of Manard co., to Miss Sarah M. Crum.

**WORTHINGTON**—KIMBER.—On fourth day, 1st inst., at Twelfth street meeting house, Dr. J. H. Worthington to Mary M., daughter of Thomas Kimber, all of this city.

## DEATHS.

**BOWEN**—At St. Catharines, C. W., on Friday, Jan. 23, of consumption, Dr. Charles Ap A. Bowen, aged 28 years. Dr. Bowen was extensively known in this city, having passed his medical pupillage in the office of Prof. Austin Flint, and graduating at the Buffalo Medical College in 1853. Immediately on receiving his degree, he accepted the position of Demonstrator of Anatomy in the Geneva Medical College, and in their 1st owing year received the appointment of Professor of Anatomy in the same institution. In May, 1855, he received the appointment of assistant surgeon in the British army, and it was his intention to repair to the Crimea, but his health, always delicate, prevented him, and we believe he never entered on any active duty under that appointment. For two or three years past he has been a resident of St. Catharines, C. W., where his high order of medical attainments made him highly respected.—*Buffalo Courier.*

**KEYSER**—At a special meeting of the Medical Board of the Philadelphia Hospital, held February 9th, 1860, for the purpose of expressing their feelings on account of the death of Elihanan W. Keyser, Esq., late President of the Board of Guardians of the Poor of the city of Philadelphia, the following preamble and resolutions were unanimously adopted:

WHEREAS It has pleased Almighty God, the Sovereign Ruler of the Universe, to call away from his sphere of honor and usefulness, the late Elihanan W. Keyser, Esq., therefore be it

*Resolved*, That while this Board bows in humble submission to the mandates of One who never errs, nevertheless they cannot but express their heartfelt sorrow at the decease of him who has filled with honor to himself and great advantage to the community many posts of usefulness and responsibility.

*Resolved*, That by the death of Mr. Keyser this institution has lost a counsellor in whose judgment all could confide, the poor a friend whose ear was ever open to their complaints, the sick and insane an almoner always ready with open hand and heart to minister to their sufferings of body and mind, and the city of Philadelphia an officer jealous of her interests, honorable in character, and of integrity untarnished.